

RELINQUISHMENT OF INDIAN CHILD (Presumed Father Denies He is Birth Father) Out of County

NAME OF CHILD'S TRIBE
ROLL NUMBER OR OTHER EVIDENCE OF TRIBAL AFFILIATION

On this _____ day of _____, 20_____, the _____ AGENCY NAME

hereby signifies its willingness to accept this relinquishment and to accept the child named herein for adoption.

SIGNATURE OF AUTHORIZED AGENCY OFFICIAL

I, _____, being presumed by law to be the father of _____,
NAME OF PRESUMED FATHER NAME OF CHILD

a minor _____ child, born _____ in _____,
GENDER DATE CITY STATE

declare I am not the birth father of said child and do hereby relinquish and surrender the said child for adoption to:

AGENCY NAME

AGENCY ADDRESS

AGENCY TELEPHONE NUMBER

an organization licensed by the California Department of Social Services or authorized by Welfare and Institutions code Section 16130 to find homes for children and to place children in homes for adoption. I fully understand that when this relinquishment is filed with the headquarters office of the California Department of Social Services-Adoptions Branch by said agency, all my rights to the custody, services and earnings of the said child and any responsibility for the care and support of the said child will be terminated and the relinquishment will be binding with the signing of the decree of adoption unless I withdraw the relinquishment before the decree of adoption is signed. I declare I am not the birth father of the said child and am executing this relinquishment to adoption solely for the purpose of promoting the welfare and best interests of the said child by facilitating the said child's placement for adoption.

DATE

SIGNATURE OF PRESUMED FATHER

Signed in the presence of:

STREET ADDRESS

WITNESS SIGNATURE

CITY

STATE

ZIP CODE

WITNESS SIGNATURE

On this _____ day of _____, 20_____, before me _____
an authorized official of _____ an organization licensed by the California Department of Social Services or authorized by Welfare and Institutions Code Section 16130 to find homes for children and to place children in homes for adoption, personally appeared _____ known to me to be the person whose
NAME OF PRESUMED FATHER
name is subscribed to and acknowledged to me that he executed this relinquishment.

SIGNATURE OF AUTHORIZED AGENCY OFFICIAL

COUNTY

CERTIFICATION

The terms and consequences of the voluntary signing of the relinquishment, including the right to withdraw the relinquishment prior to the signing of the decree of adoption, were fully explained in detail to and understood by the parent of this Indian child. The explanation was given by the agency representative whose signature is affixed above, in my presence, and in a language understood by the parent.

DATE

SIGNATURE OF JUDGE

SUPERIOR COURT